

Title:

Impacts of a Rehab Aide Mobility Program on Employee/Patient Satisfaction and Hospital Patient LOS

Purpose/ Hypothesis:

2020 hospital expenditure contributed \$1.2 trillion to the total healthcare expenditure.¹ The average length of stay (LOS) of 4.6 days costs \$11,700.² High LOS and acquired hospital disability are associated with low physical activity while admitted.³ Patients with short LOS will likely refer others to that hospital.⁴ Early mobility in the acute setting is associated with positive patient outcomes.⁵ A Rehab Aide Mobility Program (RMP) was implemented in a large teaching hospital with the goal of reducing the observed LOS/ Expected LOS ratio and improving patient outcomes. Secondary potential goals include decreasing workload for nursing and unit staff. Rehab aides provide basic mobility and activity for patients who qualify for the service based on mobility, ability, and lack of therapy referral. This study investigated patient, caregiver, nurse, therapist, and rehab aide perceptions of the program.

Subjects:

Surveys were distributed to nursing staff, patients and their caregivers, therapists in the rehabilitation department, and rehab aides that were providing the services of the program. Units where data collection occurred included Upper and Lower Gastrointestinal, Cardiothoracic Step Down, and General Surgery.

Materials/ Methods

The perceptions of subjects were captured through written surveys distributed via email and in-person interviews with patients. LOS and patient acuity data was examined pre and post implementation for all patients in the selected service areas.

Results

Over 80% of nurses reported the RMP improved their job satisfaction and workload. Out of 29 patients and caregivers, 93% report their hospital stay was better due to the RMP. Patients report that the reasons they liked the RMP include: Getting up and moving, motivation, kindness, and personal connection. 100% of rehab aides reported agreeing that their patients benefit from program participation. A majority of physical and occupational therapists' comments recommend rehab aides in a +2 capacity. 27% of PTs and OTs do not agree that the RMP should be implemented to more areas of the hospital and 20% do not agree that the RMP improves patient outcomes. For units where RMP was implemented, LOS decreased 9.18 to 7.96 and Case Mix Index⁵ increased 2.18 to 2.31.

Conclusions:

A positive impact on the patient's perceived hospital experience, nursing job satisfaction and workplace environment, and rehab staff perceptions of the program's impact on patient care was demonstrated by the RMP. While the majority of Physical and Occupational Therapist survey data was favorable, perceptions about rehab aides and their utility in the hospital was varied. Additional study should examine the impact of a rehab aide program on therapy staff.

Clinical Relevance:

Early mobility for patients in the acute setting can improve patient outcomes.⁵ This study supports the concept that a rehab aide program may have positive impacts on nursing satisfaction and patient perceptions of their hospital stay. In addition, participation with a RMP may positively impact the patient LOS ratio, despite increased level of acuity and resources required during their stay.⁶

References

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